

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 09/13/01.
b. The request was received on 01/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs-1500
 - c. TWCC 62 forms
 - d. Medical Records
 - e. Reimbursement data from other carriers (EOBs)
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: Carrier Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/27/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/02/02. The response from the insurance carrier was received in the Division on 07/16/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/12/02
"The insurance carrier sent a denial EOB for the reconsideration for the disputed code, but we feel this code should be reimbursed in full because we feel the charge is fair and reasonable."
2. Respondent: Untimely Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/13/01.

2. The carrier denied the service by denial code:
“M – NO MAR; REDUCED TO FAIR AND REASONABLE”.
3. The provider’s TWCC 60 lists the amount paid as \$0.00, but the dispute packet EOB dated 10/08/01 indicated the carrier paid the provider \$120.00 of the \$200.00 billed, reducing the amount in dispute to \$80.00. The carrier faxed documentation substantiating the \$120.00 carrier payment.
4. The following table identifies the disputed services and Medical Review Division rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
09/13/01	01999	\$200.00	\$120.00	M	DOP	133.307 (g) (3) (D); Rule 133.304 (i); CPT descriptor	<p>The medical documentation indicates the service was rendered as billed.</p> <p>The issue is fair and reasonable reimbursement for the services provided. Commission Rule 133.304 (i) (1-4) places certain requirements on the carrier when reducing the billed amount to fair and reasonable. The carrier’s response to the dispute was untimely, therefore, excluding any review of the requested information.</p> <p>To comply with Commission Rule 133.307 (g) (3) (D), the provider submitted EOBs from other carriers that show reimbursement of the billed amount for the same services. They are sufficient in light of the lack of a carrier methodology or response. The burden of proof remains on the health care provider to prove that the fees paid were not fair and reasonable. Therefore, based on the evidence available for review, the provider met that burden of proof. The provider is entitled to additional reimbursement of \$80.00. (\$200.00 billed less than \$120.00 paid)</p>
Totals		\$200.00	\$120.00				The Requestor is entitled to additional reimbursement of \$80.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$80.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of February 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM